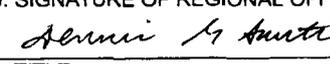


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL HEALTHCARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER:  SPA #03-24	2. STATE:  Kansas
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2003	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201, 42 CFR 442.10		7. FEDERAL BUDGET IMPACT a. FFY 2003      \$ 0 b. FFY 2004      \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  See Attached		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  See Attached	
10. SUBJECT OF AMENDMENT: Nursing Facility Methods and Standards for Establishing Payment Rates, Standards for Payment for Nursing Facilities.			
11. GOVERNOR'S REVIEW (Check One):  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Janet Schalansky is the Governor's <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Designee			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Janet Schalansky, Secretary Social & Rehabilitation Services Docking State Office Building 915 SW Harrison, Room 651S Topeka, KS 66612-2210	
13. TYPED NAME: Janet Schalansky			
14. TITLE: Secretary			
15. DATE SUBMITTED: 9-23-02			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9-25-03		18. DATE APPROVED: July 28, 2004	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  JUL - 1 2003		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Thomas W. Lenz		22. TITLE: ARA for Medicaid & State Operations	
23. REMARKS:  SPA CONTROL  Date Submitted: Date Received:			

KANSAS MEDICAID STATE PLAN

Form HCFA-179  
State Plan TN-MS-03-24  
Attachment 4.19D Part I:  
Nursing Facility

Number of Plan Section:

Number of Superseded Plan Section:

**Attachment 4.19 C, Part 1, Pages 1-3**

Attachment 4.19C, Part 1, TN-MS-02-06,  
Pages 1-3

**Attachment 4.19D, Part 1:**

Exhibit A-2, Pages 1

Exhibit A-2 TN-MS-98-08, Page 1

Exhibit A-3, Pages 1-8

Exhibit A-3 TN-MS-02-06, Pages 1-7

Exhibit A-5, Pages 1-41

Exhibit A-5 TN-MS-02-28, Pages 1-42

Exhibit A-6, Pages 1-14

Exhibit A-6 TN-MS-02-28, Pages 1-14

Exhibit A-7, Page 1-2

Exhibit A-7 TN-MS-02-06, Pages 1-2

Exhibit A-11, Pages 1-4

Exhibit A-11 TN-MS-99-01, Pages 1-4

30-10-21. Reserve days. (a) Payment shall be available for nursing facility residents, excluding those on planned temporary stays, for days for which it is necessary to reserve a bed in a nursing facility (NF) or nursing facility for mental health (NF-MH) when the resident is absent for any of the following reasons:

- (1) Admission to a hospital for acute conditions;
- (2) therapeutically indicated home visits with relatives and friends; or
- (3) participation in any state-approved therapeutic or rehabilitative program.

(b) In order for payment to be available, the following requirements shall be met when a bed is reserved in a nursing facility or nursing facility for mental health because of a resident's hospitalization for acute conditions:

(1) The period of hospitalization shall not exceed either of the following limits:

(A) 10 days for each single hospital stay for an acute condition; or

(B) 21 days for residents from a nursing facility for mental health for each admission to a state mental institution or admission to a psychiatric ward in any of the following:

- (i) A general hospital;
- (ii) a private psychiatric hospital; or
- (iii) a veterans administration medical center.

(2) The resident shall intend to return to the same

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facility after hospitalization.

(3) The hospital shall provide a discharge plan for the resident.

(4) Reimbursement shall not be made to reserve a bed in a swing bed hospital if a nursing facility will be reimbursed for the same day to reserve a bed for the resident's return from the hospital.

(c) The resident's plan of care shall provide for the non-hospital-related absence.

(1) Payment for non-hospital-related reserve days for eligible residents in nursing facilities for mental health shall not exceed 21 days per calendar year, including travel. If additional days are required to obtain or retain employment, participate in a job readiness training program, or alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

(2) Payment for non-hospital-related reserve days for all eligible residents in nursing facilities shall not exceed 18 days per calendar year, including travel. If additional days are required to alleviate a severe hardship, the requesting party shall send a request for additional days and supporting documentation to the fiscal agent for approval or disapproval.

(d) This regulation shall not prohibit any resident from leaving a facility if the resident so desires.

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(e) Payments made for unauthorized reserve days shall be reclaimed by the agency.

(f) (1) Before any routine absence by residents, the provider shall notify the local agency office.

(2) In case of emergency admission to a hospital, the provider shall notify the local agency office not later than five working days following admission.

(g) Payment for reserve days shall be approved except when the absence is longer than 10 hospital days for NF or NF-MH residents or 21 hospital days for NF-MH residents who enter either of the following:

- (1) A state mental hospital; or
- (2) a psychiatric ward in any of the following:
  - (A) A general hospital;
  - (B) a private psychiatric hospital; or
  - (C) a veterans administration medical center.

(Authorized by and implementing K.S.A. 39-708c; effective May 1, 1985; amended May 1, 1986; amended May 1, 1987; amended May 1, 1988; amended Jan. 2, 1989; amended Jan. 2, 1990; amended, T-30-3-29-90, April 1, 1990; amended, T-30-10-1-90, Oct. 1, 1990; amended Jan. 30, 1991; amended July 1, 1996; amended Oct. 1, 2000; amended July 1, 2002; amended Aug 15, 2003.)

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KANSAS MEDICAID STATE PLAN

Attachment 4.19D

Part 1

Exhibit A-2

Page 1

This exhibit is reserved for future use.

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30-10-15a. Reimbursement. Payment for services. (a) Providers with a current signed provider agreement shall be paid a per diem rate for services furnished to Kansas medical assistance-eligible residents. Payment shall be for the type of medical or health care required by the resident, as determined by the attending physician's or physician extender's certification upon admission, and the individual's level of care needs, as determined through assessment and reassessment. However, payment for services shall not exceed the type of care that the provider is certified to provide under the Kansas medical assistance program. The type of care required by the resident may be verified by the agency before and after payment.

(b) Payment for routine services and supplies, pursuant to K.A.R. 30-10-1a, shall be included in the per diem reimbursement, and these services and supplies shall not be otherwise billed or reimbursed.

(1) The following durable medical equipment, medical supplies, and other items and services shall be considered routine for each resident to attain and maintain the highest practicable physical and psychosocial well-being, in accordance with the comprehensive assessment and plan of care, and shall not be billed or reimbursed separately from the per diem rate:

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- (A) Alternating pressure pads and pumps;
- (B) armboards;
- (C) bedpans, urinals, and basins;
- (D) bed rails, beds, mattresses, and mattress covers;
- (ii) blood glucose monitors and supplies;
- (F) canes;
- (G) commodes;
- (H) compressors;
- (I) crutches;
- (J) denture cups;
- (K) dialysis, including supplies and maintenance, if the service is provided in the facility by facility staff;
- (L) dressing items, including applicators, tongue blades, tape, gauze, bandages, adhesive bandages, pads, compresses, elasticized bandages, petroleum jelly gauze, cotton balls, slings, triangle bandages, pressure pads, and tracheostomy care kits;
- (M) emesis basins and bath basins;
- (N) enemas and enema equipment;
- (O) extra nursing care and supplies;
- (P) facial tissues and toilet paper;
- (Q) first-aid ointments and similar ointments;
- (R) footboards;
- (S) foot cradles;

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KANSAS MEDICAID STATE PLAN

Attachment 4.19D

Part 1

Exhibit A-3

Page 3

- (T) gel pads or cushions;
- (U) geriatric chairs;
- (V) gloves, rubber or plastic;
- (W) heating pads;
- (X) heat lamps and examination lights;
- (Y) humidifiers;
- (Z) ice bags and hot water bottles;
- (AA) intermittent positive pressure breathing (IPPB) machines;
- (BB) irrigation solution, both water and normal saline;
- (CC) I.V. stands and clamps;
- (DD) laundry, including personal laundry;
- (EE) laxatives;
- (FF) lifts;
- (GG) lotions, creams, and powders, including baby lotion, oil, and powders;
- (HH) maintenance care for residents who have head injuries;
- (II) mouthwash;
- (JJ) nebulizers;
- (KK) nonemergency transportation;
- (LL) nutritional supplements;
- (MM) occupational therapy;
- (NN) orthoses and splints to prevent or correct contractures;

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(OO) over-the-counter analgesics and antacids taken for the occasional relief of pain or discomfort, as needed;

(PP) over-the-counter vitamins;

(QQ) oxygen masks, stands, tubing, regulators, hoses, catheters, cannulae, and humidifiers;

(RR) parenteral and enteral infusion pumps;

(SS) patient gowns, pajamas, and bed linens;

(TT) physical therapy;

(UU) respiratory therapy;

(VV) restraints;

(WW) sheepskins and foam pads;

(XX) skin antiseptics, including alcohol;

(YY) speech therapy;

(ZZ) sphygmomanometers, stethoscopes, and other examination equipment;

(AAA) stool softeners;

(BBB) stretchers;

(CCC) suction pumps and tubing;

(DDD) syringes and needles, except insulin syringes and needles for diabetics that are covered by the pharmacy program;

(EEE) thermometers;

(FFF) traction apparatus and equipment;

(GGG) underpads and adult diapers, disposable or nondisposable;